

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1988</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/1988	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/1988					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHEMAID LABORATORIES, INC. 100 MAYHILL ST. SADDLE BROOK, NJ 07663	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 74-3197177</td> </tr> <tr> <td>2c Sponsor's telephone number 201-843-3300</td> </tr> <tr> <td>2d Business code (see instructions) 325900</td> </tr> </table>	2b Employer Identification Number (EIN) 74-3197177	2c Sponsor's telephone number 201-843-3300	2d Business code (see instructions) 325900	
2b Employer Identification Number (EIN) 74-3197177					
2c Sponsor's telephone number 201-843-3300					
2d Business code (see instructions) 325900					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	EDWIN NELSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHEMAID LABORATORIES, INC. 100 MAYHILL ST. SADDLE BROOK, NJ 07663	3b Administrator's EIN 74-3197177 3c Administrator's telephone number 201-843-3300
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	131
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	138
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	37
d Subtotal. Add lines 6a , 6b , and 6c	6d	175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	175
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	142
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 3D 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. CHEMAID LABORATORIES, INC.	D Employer Identification Number (EIN) 74-3197177	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ING

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PHR466	145	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7480	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KARL NELSON

INTEGRITY FINANCIAL PARTNERS
26 WEST GRAND AVE SUITE 101
MONTVALE, NJ 07645

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7166			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID KATZ

70 WOOD AVE.
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
157			3

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2010
v.092308.1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JEFFREY GITERMAN

70 WOOD AVE.
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
157			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 960397**5** Current value of plan's interest under this contract in separate accounts at year end **5** 1371462**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING**b** Balance at the end of the previous year **7b** 832639**c** Additions: (1) Contributions deposited during the year **7c(1)** 357809(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 26387(4) Transferred from separate account **7c(4)** 42005(5) Other (specify below) **7c(5)** 56651

▶

(6) Total additions **7c(6)** 482852**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1315491**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 68272(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 254693(4) Other (specify below) **7e(4)** 32129

▶

(5) Total deductions **7e(5)** 355094**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 960397

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHEMAID LABORATORIES, INC.	D Employer Identification Number (EIN) 74-3197177	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHEMAID LABORATORIES, INC.	D Employer Identification Number (EIN) 74-3197177	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	137112	112625
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	993540	1371462
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	832639	960397
(15) Other	1c(15)		0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1963291	2444484

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	675	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	675	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1962616	2444484
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	46737	
(B) Participants	2a(1)(B)	311072	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		357809

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9506	
(F) Other	2b(1)(F)	26387	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35893
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		165223
c Other income.....	2c		1216
d Total income. Add all income amounts in column (b) and enter total.....	2d		560141

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64448	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		64448
f Corrective distributions (see instructions)	2f		13825
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		78273

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		481868
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JH COHN, LLP

(2) EIN: 22-1478099

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		260000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHEMAID LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>74-3197177</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

ChemAid Laboratories, Inc. Profit Sharing Plan

**Report on Financial Statements
(With Supplementary Information)**

Year Ended December 31, 2010

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

Index

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Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2010	4
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Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) December 31, 2010	13

Report of Independent Public Accountants

To the Plan Administrator
ChemAid Laboratories, Inc. Profit Sharing Plan

We were engaged to audit the statements of net assets available for benefits of ChemAid Laboratories, Inc. Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedule-Schedule of Assets (held at end of year) Schedule H, Line 4i as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by ING Life Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

 **J.H. Cohn** LLP

Roseland, New Jersey
October 13, 2011

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Guaranteed investment contract	\$ 960,397	\$ 832,639
Pooled separate accounts	<u>1,371,462</u>	<u>993,540</u>
Total investments	<u>2,331,859</u>	<u>1,826,179</u>
 Notes receivable from participants	 <u>112,625</u>	 <u>137,112</u>
Liabilities:		
Miscellaneous liabilities	-	675
Refund of excess contributions	<u>11,209</u>	<u>13,825</u>
Total liabilities	<u>11,209</u>	<u>14,500</u>
 Net assets available for benefits	 <u>\$ 2,433,275</u>	 <u>\$ 1,948,791</u>

See Notes to Financial Statements.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 165,223
Interest income	<u>26,387</u>
Total investment income	<u>191,610</u>

Interest income on notes receivable from participants	<u>9,506</u>
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Contributions:

Participants	300,456
Employer	<u>46,144</u>
Total contributions	<u>346,600</u>

Other income	<u>1,216</u>
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Total additions	<u>548,932</u>
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Deductions from net assets attributed to benefits paid to participants	<u>64,448</u>
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Net increase	484,484
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Net assets available for benefits:

Beginning of year	<u>1,948,791</u>
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End of year	<u><u>\$ 2,433,275</u></u>
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See Notes to Financial Statements.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan:

The following description of ChemAid Laboratories, Inc. Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan which is designed to encourage long-term systematic savings and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All employees of ChemAid Laboratories, Inc. (collectively the "Company") who have completed three months of service and attained the age of 21 are eligible to participate in the Plan. The Plan is subject to the provisions of ERISA.

Contributions:

Each year, participants shall be permitted to make elective deferrals in any amount from a minimum of 2% to a maximum of 50% of their compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the allocation of their contributions. The participants may direct their investments in one or more of 23 different funds or mix of funds based upon the percentage allocation they elect. If a participant elects to invest in the ING Fixed Account, they are investing in a Guaranteed Investment Contract investment trust which invests in conventional, synthetic and separate account investment contracts issued by life insurance companies, banks and other financial institutions. The Company may elect to make matching contributions to the Plan.

The employer shall contribute to each eligible Participant's account an amount equal to 20% of the Participant's elective deferrals up to a maximum of 1.2% of compensation. The employer also elects to match catch-up contributions under the same formula. The employer shall also have the right to make a discretionary contribution. If a discretionary contribution is made, the employer's contribution for the plan year shall be allocated to the accounts of eligible participants on a pro-rata basis based on the compensation of the participant to the total compensation of all participants.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan (concluded):

Vesting:

Participants are immediately vested in their voluntary contributions and investment earnings. Company matching contributions and other discretionary contributions are vested as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than one year	-
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

An employee is always 100% vested upon reaching his or her normal retirement age. The nonvested portion of the account of a participant who is no longer employed by the Company will be forfeited.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance whichever is less. The loans are secured by the balance in the participant's account and bear interest at the rate of 8%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant or the beneficiary of the deceased may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also allows withdrawals in the event of certain financial hardships.

Forfeited accounts:

Forfeited amounts from former participants who were not fully vested are allocated to participants accounts in the same manner as the employer discretionary contribution. Unallocated forfeitures were approximately \$2,700 and \$1,000 at December 31, 2010 and 2009, respectively. No forfeitures were used in 2010.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the contract value of the investment contract which is deemed by management to approximate the fair value of the investment contract. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Operating expenses:

Administrative expenses may be paid by the Company or from Plan assets.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies (concluded):

Reclassifications:

Certain amounts in the 2009 financial statements have been reclassified to conform with the presentation at December 31, 2010.

Subsequent events:

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

Note 3 - Investments:

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2010</u>	<u>2009</u>
ING Fixed Account	\$ 960,397	\$ 832,639
ING Index Plus LargeCap Portfolio - Class 1	128,173	99,407
The Growth Fund of America - Class R-3	213,898	160,866
ING T. Rowe Price Growth Equity Portfolio – I Class	133,595	
ING Solutions 2025 Portfolio – Adviser class	121,779	

Note 4 - Fair value measurements:

The Plan values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs is used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair value measurements (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Pooled separate accounts: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contracts: Valued based on information reported by the investment advisor using the audited financial statements of the guaranteed investment contract. The net asset value is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	December 31, 2010		
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
			<u>Total</u>
Pooled separate accounts			
World Stock		\$ 55,865	\$ 55,865
Money Market		110,593	110,593
Intermediate - Term Bond		5,358	5,358
Large Blend		214,047	214,047
Mid-Cap Blend		110,042	110,042
Large Growth		347,493	347,493
Diversified Emerging Markets		88,939	88,939
Specialty - Real Estate		66,008	66,008
Small Blend		44,289	44,289
Income Fund		82,500	82,500
Lifecycle		166,483	166,483
Large Value		79,845	79,845
Guaranteed investment contract			<u>\$960,397</u>
			<u>960,397</u>
Total assets at fair value	<u>\$ -</u>	<u>\$1,371,462</u>	<u>\$960,397</u>
			<u>\$2,331,859</u>

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair value measurements (concluded):

	December 31, 2009			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts				
World Stock		\$ 53,501		\$ 53,501
Money Market		94,954		94,954
Intermediate - Term Bond		1,705		1,705
Large Blend		156,699		156,699
Mid-Cap Blend		99,038		99,038
Large Growth		84,215		84,215
Diversified Emerging Markets		43,713		43,713
Specialty - Real Estate		17,437		17,437
Small Blend		50,769		50,769
Income Fund		72,594		72,594
Growth Fund		160,866		160,866
Lifecycle		95,767		95,767
Large Value		62,282		62,282
Guaranteed investment contract			<u>\$832,639</u>	<u>832,639</u>
Total assets at fair value	<u>\$ -</u>	<u>\$993,540</u>	<u>\$832,639</u>	<u>\$1,826,179</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	<u>Guaranteed Investment Contract</u>
Balance, beginning of year	\$832,639
Purchases, sales, issuances and settlements (net)	<u>\$127,758</u>
Balance, end of year	<u>\$960,397</u>

Note 5 - Party-in-interest:

Certain Plan investments are shares of pooled separate accounts and a guaranteed investment contract managed by an affiliate of ING. At December 31, 2010, ING Life Insurance and Annuity Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6 - Plan termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 7 - Income tax status:

The Plan obtained its opinion letter on a prototype plan approved by the Internal Revenue Service, effective March 31, 2008. The Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("Code"). Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 8 - Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9 - Certifications by the trustee:

The following account balances and transactions were obtained from statements provided and certified by ING Life Insurance and Annuity Company:

Statements of net assets available for benefits:

Investments

Statement of changes in net assets available for benefits:

Investment income

Schedule of assets (held at end of year)

Note 10- Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$2,433,275	\$1,948,791
Add refund of excess contribution	<u>11,209</u>	<u>13,825</u>
Net assets available for benefits per Form 5500	<u>\$2,444,484</u>	<u>\$1,962,616</u>

The following is a reconciliation of contributions per the financial statements to the amounts per Form 5500 for the year ended December 31, 2010:

	<u>2010</u>
Contributions per the financial statements	\$346,600
Add refund of excess contribution, end of year	<u>11,209</u>
Contributions per Form 5500	<u>\$357,809</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the amounts per the 5500 for the year ended December 31, 2010:

	<u>2010</u>
Benefits paid to participants per the financial statements	\$64,448
Add refund of excess contribution, beginning of year	<u>13,825</u>
Benefits paid to participants per Form 5500	<u>\$78,273</u>

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN
I.D. #74-3197177
PLAN #002

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (A)	(e) Current Value
*	ING Fixed Account	Guaranteed Investment Contract		\$ 960,397
	Templeton Growth Fund, Inc. - Class A	Pooled Separate Accounts		5,316
*	ING Money Market Portfolio - Class I	Pooled Separate Accounts		110,593
*	ING Intermediate Bond Portfolio - Class I	Pooled Separate Accounts		5,358
*	ING Index Plus LargeCap Portfolio - Class I	Pooled Separate Accounts		128,173
*	ING Index Plus MidCap Portfolio - Class I	Pooled Separate Accounts		12,337
*	ING T.Rowe Price Growth Equity Portfolio - Initial Class	Pooled Separate Accounts		133,595
	Fidelity VIP Contrafund Portfolio - Initial Class	Pooled Separate Accounts		85,874
	Ariel Fund	Pooled Separate Accounts		59,005
	Oppenheimer Developing Markets Fund - Class A	Pooled Separate Accounts		88,939
	Fidelity Advisor Mid Cap Fund - Class T	Pooled Separate Accounts		9,224
*	ING Real Estate Fund - Class A	Pooled Separate Accounts		66,008
	New Prospective Fund - Class R-3	Pooled Separate Accounts		50,549
	Lord Abbett Small Cap Value Fund - Class A	Pooled Separate Accounts		44,289
	The Income Fund of America - Class R-3	Pooled Separate Accounts		82,500
	The Growth Fund of America - Class R-4	Pooled Separate Accounts		213,898
*	ING Solution 2025 Portfolio - Adviser Class	Pooled Separate Accounts		121,779
*	ING Solution 2035 Portfolio - Adviser Class	Pooled Separate Accounts		23,597
*	ING Solution 2045 Portfolio - Adviser Class	Pooled Separate Accounts		17,945
*	ING Solution 2055 Portfolio - Adviser Class	Pooled Separate Accounts		159
	Lord Abbett Mid Cap Value Fund - Class A	Pooled Separate Accounts		29,476
	Lord Abbett Affiliated Fund - Class A	Pooled Separate Accounts		79,686
	Vanguard Variable Insurance Fund Diversified Value Portfolio	Pooled Separate Accounts		3,162
				<u>2,331,859</u>
*	Notes receivable from participants	Interest rate of 8% for all loans during the year and secured by participant account balances		<u>112,625</u>
	Total			<u><u>\$ 2,444,484</u></u>

* Party-in-interest.

(A) Information not required.

See Report of Independent Public Accountants.

ChemAid Laboratories, Inc. Profit Sharing Plan

**Report on Financial Statements
(With Supplementary Information)**

Year Ended December 31, 2010

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

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Report of Independent Public Accountants

To the Plan Administrator
ChemAid Laboratories, Inc. Profit Sharing Plan

We were engaged to audit the statements of net assets available for benefits of ChemAid Laboratories, Inc. Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedule-Schedule of Assets (held at end of year) Schedule H, Line 4i as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by ING Life Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

 **J.H. Cohn** LLP

Roseland, New Jersey
October 13, 2011

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Guaranteed investment contract	\$ 960,397	\$ 832,639
Pooled separate accounts	<u>1,371,462</u>	<u>993,540</u>
Total investments	<u>2,331,859</u>	<u>1,826,179</u>
 Notes receivable from participants	 <u>112,625</u>	 <u>137,112</u>
Liabilities:		
Miscellaneous liabilities	-	675
Refund of excess contributions	<u>11,209</u>	<u>13,825</u>
Total liabilities	<u>11,209</u>	<u>14,500</u>
 Net assets available for benefits	 <u>\$ 2,433,275</u>	 <u>\$ 1,948,791</u>

See Notes to Financial Statements.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 165,223
Interest income	<u>26,387</u>
Total investment income	<u>191,610</u>

Interest income on notes receivable from participants	<u>9,506</u>
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Contributions:

Participants	300,456
Employer	<u>46,144</u>
Total contributions	<u>346,600</u>

Other income	<u>1,216</u>
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Total additions	<u>548,932</u>
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Deductions from net assets attributed to benefits paid to participants	<u>64,448</u>
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Net increase	484,484
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Net assets available for benefits:

Beginning of year	<u>1,948,791</u>
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End of year	<u><u>\$ 2,433,275</u></u>
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See Notes to Financial Statements.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan:

The following description of ChemAid Laboratories, Inc. Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan which is designed to encourage long-term systematic savings and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All employees of ChemAid Laboratories, Inc. (collectively the "Company") who have completed three months of service and attained the age of 21 are eligible to participate in the Plan. The Plan is subject to the provisions of ERISA.

Contributions:

Each year, participants shall be permitted to make elective deferrals in any amount from a minimum of 2% to a maximum of 50% of their compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the allocation of their contributions. The participants may direct their investments in one or more of 23 different funds or mix of funds based upon the percentage allocation they elect. If a participant elects to invest in the ING Fixed Account, they are investing in a Guaranteed Investment Contract investment trust which invests in conventional, synthetic and separate account investment contracts issued by life insurance companies, banks and other financial institutions. The Company may elect to make matching contributions to the Plan.

The employer shall contribute to each eligible Participant's account an amount equal to 20% of the Participant's elective deferrals up to a maximum of 1.2% of compensation. The employer also elects to match catch-up contributions under the same formula. The employer shall also have the right to make a discretionary contribution. If a discretionary contribution is made, the employer's contribution for the plan year shall be allocated to the accounts of eligible participants on a pro-rata basis based on the compensation of the participant to the total compensation of all participants.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan (concluded):

Vesting:

Participants are immediately vested in their voluntary contributions and investment earnings. Company matching contributions and other discretionary contributions are vested as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than one year	-
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

An employee is always 100% vested upon reaching his or her normal retirement age. The nonvested portion of the account of a participant who is no longer employed by the Company will be forfeited.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance whichever is less. The loans are secured by the balance in the participant's account and bear interest at the rate of 8%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant or the beneficiary of the deceased may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also allows withdrawals in the event of certain financial hardships.

Forfeited accounts:

Forfeited amounts from former participants who were not fully vested are allocated to participants accounts in the same manner as the employer discretionary contribution. Unallocated forfeitures were approximately \$2,700 and \$1,000 at December 31, 2010 and 2009, respectively. No forfeitures were used in 2010.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the contract value of the investment contract which is deemed by management to approximate the fair value of the investment contract. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Operating expenses:

Administrative expenses may be paid by the Company or from Plan assets.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies (concluded):

Reclassifications:

Certain amounts in the 2009 financial statements have been reclassified to conform with the presentation at December 31, 2010.

Subsequent events:

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

Note 3 - Investments:

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2010</u>	<u>2009</u>
ING Fixed Account	\$ 960,397	\$ 832,639
ING Index Plus LargeCap Portfolio - Class 1	128,173	99,407
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Note 4 - Fair value measurements:

The Plan values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs is used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair value measurements (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Pooled separate accounts: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contracts: Valued based on information reported by the investment advisor using the audited financial statements of the guaranteed investment contract. The net asset value is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	December 31, 2010		
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
			<u>Total</u>
Pooled separate accounts			
World Stock		\$ 55,865	\$ 55,865
Money Market		110,593	110,593
Intermediate - Term Bond		5,358	5,358
Large Blend		214,047	214,047
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Specialty - Real Estate		66,008	66,008
Small Blend		44,289	44,289
Income Fund		82,500	82,500
Lifecycle		166,483	166,483
Large Value		79,845	79,845
Guaranteed investment contract			<u>\$960,397</u>
			<u>960,397</u>
Total assets at fair value	<u>\$ -</u>	<u>\$1,371,462</u>	<u>\$960,397</u>
			<u>\$2,331,859</u>

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair value measurements (concluded):

	December 31, 2009			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts				
World Stock		\$ 53,501		\$ 53,501
Money Market		94,954		94,954
Intermediate - Term Bond		1,705		1,705
Large Blend		156,699		156,699
Mid-Cap Blend		99,038		99,038
Large Growth		84,215		84,215
Diversified Emerging Markets		43,713		43,713
Specialty - Real Estate		17,437		17,437
Small Blend		50,769		50,769
Income Fund		72,594		72,594
Growth Fund		160,866		160,866
Lifecycle		95,767		95,767
Large Value		62,282		62,282
Guaranteed investment contract			<u>\$832,639</u>	<u>832,639</u>
Total assets at fair value	<u>\$ -</u>	<u>\$993,540</u>	<u>\$832,639</u>	<u>\$1,826,179</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	<u>Guaranteed Investment Contract</u>
Balance, beginning of year	\$832,639
Purchases, sales, issuances and settlements (net)	<u>\$127,758</u>
Balance, end of year	<u>\$960,397</u>

Note 5 - Party-in-interest:

Certain Plan investments are shares of pooled separate accounts and a guaranteed investment contract managed by an affiliate of ING. At December 31, 2010, ING Life Insurance and Annuity Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6 - Plan termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 7 - Income tax status:

The Plan obtained its opinion letter on a prototype plan approved by the Internal Revenue Service, effective March 31, 2008. The Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("Code"). Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 8 - Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9 - Certifications by the trustee:

The following account balances and transactions were obtained from statements provided and certified by ING Life Insurance and Annuity Company:

Statements of net assets available for benefits:

Investments

Statement of changes in net assets available for benefits:

Investment income

Schedule of assets (held at end of year)

Note 10- Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$2,433,275	\$1,948,791
Add refund of excess contribution	<u>11,209</u>	<u>13,825</u>
Net assets available for benefits per Form 5500	<u>\$2,444,484</u>	<u>\$1,962,616</u>

The following is a reconciliation of contributions per the financial statements to the amounts per Form 5500 for the year ended December 31, 2010:

	<u>2010</u>
Contributions per the financial statements	\$346,600
Add refund of excess contribution, end of year	<u>11,209</u>
Contributions per Form 5500	<u>\$357,809</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the amounts per the 5500 for the year ended December 31, 2010:

	<u>2010</u>
Benefits paid to participants per the financial statements	\$64,448
Add refund of excess contribution, beginning of year	<u>13,825</u>
Benefits paid to participants per Form 5500	<u>\$78,273</u>

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN
I.D. #74-3197177
PLAN #002

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (A)	(e) Current Value
*	ING Fixed Account	Guaranteed Investment Contract		\$ 960,397
	Templeton Growth Fund, Inc. - Class A	Pooled Separate Accounts		5,316
*	ING Money Market Portfolio - Class I	Pooled Separate Accounts		110,593
*	ING Intermediate Bond Portfolio - Class I	Pooled Separate Accounts		5,358
*	ING Index Plus LargeCap Portfolio - Class I	Pooled Separate Accounts		128,173
*	ING Index Plus MidCap Portfolio - Class I	Pooled Separate Accounts		12,337
*	ING T.Rowe Price Growth Equity Portfolio - Initial Class	Pooled Separate Accounts		133,595
	Fidelity VIP Contrafund Portfolio - Initial Class	Pooled Separate Accounts		85,874
	Ariel Fund	Pooled Separate Accounts		59,005
	Oppenheimer Developing Markets Fund - Class A	Pooled Separate Accounts		88,939
	Fidelity Advisor Mid Cap Fund - Class T	Pooled Separate Accounts		9,224
*	ING Real Estate Fund - Class A	Pooled Separate Accounts		66,008
	New Prospective Fund - Class R-3	Pooled Separate Accounts		50,549
	Lord Abbett Small Cap Value Fund - Class A	Pooled Separate Accounts		44,289
	The Income Fund of America - Class R-3	Pooled Separate Accounts		82,500
	The Growth Fund of America - Class R-4	Pooled Separate Accounts		213,898
*	ING Solution 2025 Portfolio - Adviser Class	Pooled Separate Accounts		121,779
*	ING Solution 2035 Portfolio - Adviser Class	Pooled Separate Accounts		23,597
*	ING Solution 2045 Portfolio - Adviser Class	Pooled Separate Accounts		17,945
*	ING Solution 2055 Portfolio - Adviser Class	Pooled Separate Accounts		159
	Lord Abbett Mid Cap Value Fund - Class A	Pooled Separate Accounts		29,476
	Lord Abbett Affiliated Fund - Class A	Pooled Separate Accounts		79,686
	Vanguard Variable Insurance Fund Diversified Value Portfolio	Pooled Separate Accounts		3,162
				<u>2,331,859</u>
*	Notes receivable from participants	Interest rate of 8% for all loans during the year and secured by participant account balances		<u>112,625</u>
	Total			<u><u>\$ 2,444,484</u></u>

* Party-in-interest.

(A) Information not required.

See Report of Independent Public Accountants.

ChemAid Laboratories, Inc. Profit Sharing Plan

**Report on Financial Statements
(With Supplementary Information)**

Year Ended December 31, 2010

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

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Report of Independent Public Accountants

To the Plan Administrator
ChemAid Laboratories, Inc. Profit Sharing Plan

We were engaged to audit the statements of net assets available for benefits of ChemAid Laboratories, Inc. Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedule-Schedule of Assets (held at end of year) Schedule H, Line 4i as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by ING Life Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

 J.H. Cohn LLP

Roseland, New Jersey
October 13, 2011

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Guaranteed investment contract	\$ 960,397	\$ 832,639
Pooled separate accounts	<u>1,371,462</u>	<u>993,540</u>
Total investments	<u>2,331,859</u>	<u>1,826,179</u>
 Notes receivable from participants	 <u>112,625</u>	 <u>137,112</u>
 Liabilities:		
Miscellaneous liabilities	-	675
Refund of excess contributions	<u>11,209</u>	<u>13,825</u>
Total liabilities	<u>11,209</u>	<u>14,500</u>
 Net assets available for benefits	 <u><u>\$ 2,433,275</u></u>	 <u><u>\$ 1,948,791</u></u>

See Notes to Financial Statements.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 165,223
Interest income	<u>26,387</u>
Total investment income	<u>191,610</u>

Interest income on notes receivable from participants	<u>9,506</u>
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Contributions:

Participants	300,456
Employer	<u>46,144</u>
Total contributions	<u>346,600</u>

Other income	<u>1,216</u>
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Total additions	<u>548,932</u>
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Deductions from net assets attributed to benefits paid to participants	<u>64,448</u>
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Net increase	484,484
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Net assets available for benefits:

Beginning of year	<u>1,948,791</u>
End of year	<u><u>\$ 2,433,275</u></u>

See Notes to Financial Statements.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan:

The following description of ChemAid Laboratories, Inc. Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan which is designed to encourage long-term systematic savings and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All employees of ChemAid Laboratories, Inc. (collectively the "Company") who have completed three months of service and attained the age of 21 are eligible to participate in the Plan. The Plan is subject to the provisions of ERISA.

Contributions:

Each year, participants shall be permitted to make elective deferrals in any amount from a minimum of 2% to a maximum of 50% of their compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the allocation of their contributions. The participants may direct their investments in one or more of 23 different funds or mix of funds based upon the percentage allocation they elect. If a participant elects to invest in the ING Fixed Account, they are investing in a Guaranteed Investment Contract investment trust which invests in conventional, synthetic and separate account investment contracts issued by life insurance companies, banks and other financial institutions. The Company may elect to make matching contributions to the Plan.

The employer shall contribute to each eligible Participant's account an amount equal to 20% of the Participant's elective deferrals up to a maximum of 1.2% of compensation. The employer also elects to match catch-up contributions under the same formula. The employer shall also have the right to make a discretionary contribution. If a discretionary contribution is made, the employer's contribution for the plan year shall be allocated to the accounts of eligible participants on a pro-rata basis based on the compensation of the participant to the total compensation of all participants.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan (concluded):

Vesting:

Participants are immediately vested in their voluntary contributions and investment earnings. Company matching contributions and other discretionary contributions are vested as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than one year	-
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

An employee is always 100% vested upon reaching his or her normal retirement age. The nonvested portion of the account of a participant who is no longer employed by the Company will be forfeited.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance whichever is less. The loans are secured by the balance in the participant's account and bear interest at the rate of 8%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant or the beneficiary of the deceased may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also allows withdrawals in the event of certain financial hardships.

Forfeited accounts:

Forfeited amounts from former participants who were not fully vested are allocated to participants accounts in the same manner as the employer discretionary contribution. Unallocated forfeitures were approximately \$2,700 and \$1,000 at December 31, 2010 and 2009, respectively. No forfeitures were used in 2010.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the contract value of the investment contract which is deemed by management to approximate the fair value of the investment contract. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Operating expenses:

Administrative expenses may be paid by the Company or from Plan assets.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of significant accounting policies (concluded):

Reclassifications:

Certain amounts in the 2009 financial statements have been reclassified to conform with the presentation at December 31, 2010.

Subsequent events:

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

Note 3 - Investments:

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2010</u>	<u>2009</u>
ING Fixed Account	\$ 960,397	\$ 832,639
ING Index Plus LargeCap Portfolio - Class 1	128,173	99,407
The Growth Fund of America - Class R-3	213,898	160,866
ING T. Rowe Price Growth Equity Portfolio – I Class	133,595	
ING Solutions 2025 Portfolio – Adviser class	121,779	

Note 4 - Fair value measurements:

The Plan values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs is used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair value measurements (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Pooled separate accounts: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contracts: Valued based on information reported by the investment advisor using the audited financial statements of the guaranteed investment contract. The net asset value is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	December 31, 2010		
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
	<u>Total</u>		
Pooled separate accounts			
World Stock		\$ 55,865	\$ 55,865
Money Market		110,593	110,593
Intermediate - Term Bond		5,358	5,358
Large Blend		214,047	214,047
Mid-Cap Blend		110,042	110,042
Large Growth		347,493	347,493
Diversified Emerging Markets		88,939	88,939
Specialty - Real Estate		66,008	66,008
Small Blend		44,289	44,289
Income Fund		82,500	82,500
Lifecycle		166,483	166,483
Large Value		79,845	79,845
Guaranteed investment contract			<u>\$960,397</u>
			<u>960,397</u>
Total assets at fair value	<u>\$ -</u>	<u>\$1,371,462</u>	<u>\$960,397</u>
			<u>\$2,331,859</u>

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair value measurements (concluded):

	December 31, 2009			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts				
World Stock		\$ 53,501		\$ 53,501
Money Market		94,954		94,954
Intermediate - Term Bond		1,705		1,705
Large Blend		156,699		156,699
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Large Growth		84,215		84,215
Diversified Emerging Markets		43,713		43,713
Specialty - Real Estate		17,437		17,437
Small Blend		50,769		50,769
Income Fund		72,594		72,594
Growth Fund		160,866		160,866
Lifecycle		95,767		95,767
Large Value		62,282		62,282
Guaranteed investment contract			<u>\$832,639</u>	<u>832,639</u>
Total assets at fair value	<u>\$ -</u>	<u>\$993,540</u>	<u>\$832,639</u>	<u>\$1,826,179</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	<u>Guaranteed Investment Contract</u>
Balance, beginning of year	\$832,639
Purchases, sales, issuances and settlements (net)	<u>\$127,758</u>
Balance, end of year	<u>\$960,397</u>

Note 5 - Party-in-interest:

Certain Plan investments are shares of pooled separate accounts and a guaranteed investment contract managed by an affiliate of ING. At December 31, 2010, ING Life Insurance and Annuity Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6 - Plan termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 7 - Income tax status:

The Plan obtained its opinion letter on a prototype plan approved by the Internal Revenue Service, effective March 31, 2008. The Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("Code"). Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 8 - Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9 - Certifications by the trustee:

The following account balances and transactions were obtained from statements provided and certified by ING Life Insurance and Annuity Company:

Statements of net assets available for benefits:

Investments

Statement of changes in net assets available for benefits:

Investment income

Schedule of assets (held at end of year)

Note 10- Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$2,433,275	\$1,948,791
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Contributions per the financial statements	\$346,600
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CHEMAID LABORATORIES, INC. PROFIT SHARING PLAN
I.D. #74-3197177
PLAN #002

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (A)	(e) Current Value
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	Templeton Growth Fund, Inc. - Class A	Pooled Separate Accounts		5,316
*	ING Money Market Portfolio - Class I	Pooled Separate Accounts		110,593
*	ING Intermediate Bond Portfolio - Class I	Pooled Separate Accounts		5,358
*	ING Index Plus LargeCap Portfolio - Class I	Pooled Separate Accounts		128,173
*	ING Index Plus MidCap Portfolio - Class I	Pooled Separate Accounts		12,337
*	ING T.Rowe Price Growth Equity Portfolio - Initial Class	Pooled Separate Accounts		133,595
	Fidelity VIP Contrafund Portfolio - Initial Class	Pooled Separate Accounts		85,874
	Ariel Fund	Pooled Separate Accounts		59,005
	Oppenheimer Developing Markets Fund - Class A	Pooled Separate Accounts		88,939
	Fidelity Advisor Mid Cap Fund - Class T	Pooled Separate Accounts		9,224
*	ING Real Estate Fund - Class A	Pooled Separate Accounts		66,008
	New Prospective Fund - Class R-3	Pooled Separate Accounts		50,549
	Lord Abbett Small Cap Value Fund - Class A	Pooled Separate Accounts		44,289
	The Income Fund of America - Class R-3	Pooled Separate Accounts		82,500
	The Growth Fund of America - Class R-4	Pooled Separate Accounts		213,898
*	ING Solution 2025 Portfolio - Adviser Class	Pooled Separate Accounts		121,779
*	ING Solution 2035 Portfolio - Adviser Class	Pooled Separate Accounts		23,597
*	ING Solution 2045 Portfolio - Adviser Class	Pooled Separate Accounts		17,945
*	ING Solution 2055 Portfolio - Adviser Class	Pooled Separate Accounts		159
	Lord Abbett Mid Cap Value Fund - Class A	Pooled Separate Accounts		29,476
	Lord Abbett Affiliated Fund - Class A	Pooled Separate Accounts		79,686
	Vanguard Variable Insurance Fund Diversified Value Portfolio	Pooled Separate Accounts		3,162
				<u>2,331,859</u>
*	Notes receivable from participants	Interest rate of 8% for all loans during the year and secured by participant account balances		<u>112,625</u>
	Total			<u><u>\$ 2,444,484</u></u>

* Party-in-interest.

(A) Information not required.

See Report of Independent Public Accountants.